

Group B Target Populations Eligibility Requirements and Required Documentation

Families with Children at Risk of Physical, Mental, or Emotional Dysfunction

This target population includes five subgroups. They are described in this section. “Child” is defined as an individual under age 21. Case management services for this group are sometimes referred to as “*family case management*.”

1. Families with a Child with Special Health Care Needs

Children Included in This Category

A child with a special health care need exhibits biological or environmental characteristics associated with a heightened probability of developing a chronic physical, developmental, behavioral, or emotional condition. This special health care need requires health or health-related services of a type or amount beyond that generally required by children.

The following are examples of conditions that cause a child to be considered a child with special health care needs when they meet the criteria outlined in the required documentation section:

- Congenital conditions, e.g., cerebral palsy, spina bifida, congenital heart disease.
- Acquired illnesses or injuries, e.g., spinal cord injury, intracranial injury. Children with lead poisoning are eligible under this category if the child has a blood lead level of $\geq 20\text{ug/dL}$ (venous) or persistent (at least three months duration) blood lead levels of $15\text{-}19\text{ug/dL}$ (venous).
- Behavioral health conditions, e.g., substance abuse, attention deficit disorder.
- Chronic health conditions, e.g., seizure disorders, juvenile diabetes.
- Physical or sensory disorders, e.g., sensorineural hearing loss.

Required Documentation

The record must contain documentation from a physician that the child’s condition:

- Is severe enough to restrict the child’s growth, physical or emotional development, or ability to engage in usual activities.
- Has been, or is, likely to persist for at least 12 months.
- Is of sufficient complexity to require specialized health care services. A licensed, Medicaid-certified psychologist may create the documentation for a child with an emotional disturbance.

The above documentation is not a requirement for children with lead poisoning. The required documentation for children with lead poisoning is the blood lead test results from a health care provider and information that supports the need for ongoing service coordination and monitoring.

2. Families with a Child Who Is at Risk of Maltreatment

Required Documentation

The county agency responsible for child protective services documents a finding that abuse or neglect has or is likely to occur. The county makes this finding through the use of a structured assessment tool, which assesses all of the following:

- The manner in which the caregiver(s) parents the child.
- The child’s current level of daily functioning.
- The caregiver’s(s’) level of functioning (including mental health functioning).

- The family's functioning, ability to cope with current stressors, and the resources available to help the family cope.
- The risk of maltreatment to other children in the family.
- Past allegations of maltreatment.

3. Families with Children Involved in the Juvenile Justice System

Required Documentation

Documentation that the youth is at risk of, involved in, or alleged to be involved in antisocial behavior. Documentation is one of the following:

- The youth has been referred to juvenile court intake because he/she is either alleged or adjudicated delinquent under s.938.12, Wis. Stats.
- The youth is an alleged or adjudicated juvenile in need of protection or services (JIPS) under s. 938.13(4), (6), (6m), (7), (9), or (12), Wis. Stats.

Typically, although not required, the referral is made via one of two forms: Court Referral — Juvenile (Law Enforcement Referrals) or Court Referral — Juvenile (non-Law Enforcement Referrals).

4. Families Where the Primary Caregiver Has a Mental Illness, Developmental Disability, or Substance Abuse Disorder

Required Documentation

The caregiver has a diagnosis of a developmental disability, alcohol or other drug abuse or dependence, or mental illness. A qualified professional must make the diagnosis. In addition to this diagnosis, the case management agency documents that the caregiver's disability restricts the child's physical or emotional development or ability to engage in usual activities.

5. Families Where the Mother Required Prenatal Care Coordination (PNCC) Services

Required Documentation

Documentation needed for eligibility includes one of the following:

- Evidence that the mother was involved in a Medicaid PNCC program.
- A completed Medicaid PNCC risk assessment showing that the mother was at risk for an adverse pregnancy outcome (even though the woman may not have participated in the PNCC program).

In addition, the provider must document that coordination activities continue to be required to ensure the best possible health outcome for the child.

Children Enrolled in a Birth to 3 Program Certified Under HFS 90, Wis. Admin. Code

Required Documentation

The child is eligible to participate in the Birth to 3 Program according to criteria in HFS 90.08, Wis. Admin. Code.

Children with Asthma

Children Included in This Category

This population consists of asthmatic individuals under 21 years of age.

Required Documentation

Documentation needed for eligibility includes all of the following:

- A physician's diagnosis of asthma.
- Documentation that the severity of the asthma is moderate to severe, requiring active management to ensure the best possible clinical outcome.

Individuals Infected with Tuberculosis (TB)

Recipients Included in This Category

There is no age limit on this group.

Required Documentation

Documentation needed for eligibility includes *one* of the following:

- A positive TB skin test. (If the skin test was done more than six months before the date case management was initiated, the provider must document that the recipient has not been treated or still requires treatment.)
- A positive sputum culture for the TB organism within the past six months.
- A physician's certification that the individual requires TB-related drug/or surgical therapy (even when the TB test is negative).
- A physician's order for testing to confirm the presence (or absence) of the TB organism.
- A TB-related diagnosis by a physician.

Women Age 45 to 64

Recipients Included in This Category

This group includes women age 45 to 64 who may be unaware of the importance of obtaining regular preventive health care services and the resources available to access those services.

Required Documentation

Documentation needed for eligibility includes all of the following:

- Documentation of age.
- Documentation that recipient is not a nursing home resident.
- Documentation that recipient is not obtaining regular preventative health care services.

In addition, the provider must document that the woman needs assistance in identifying and accessing needed preventive health care services (such as screenings for breast and cervical cancer, depression, osteoporosis, diabetes, and high blood pressure) and other community resources.